Please type	a plus	sign (+)	inside	this box	$\rightarrow$	+

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing

OR.

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Nur	nber_	1/1120/1125/1126				
First Named Inventor	r	ELBERS, Knut et al				
COMPLI	ETE IF	KNOWN				
Application Number	09 / 772,316					
Filing Date	Janu	ary 26, 2001				
Group Art Unit						
Examiner Name						

As a below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Recombinant attenuation of Porcine Reproductive and Respiratory Syndrome(PRRSV)								
Ab a maniferation of subject		(7	itle of the Invention)					
the specification of which								
is attached hereto			as United	States Application	Number or D	CT International		
was filed on (MM/DD/YYYY)	J	anuary 26, 2		Ctates Application	ituilibei oi i			
Application Number 772,	216		mended on (MM/DD/Y	vvv [		(if applicable).		
\			•	•				
I hereby state that I have reviewe amended by any amendment spe	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)		Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified YES	Copy Attached? NO		
100 03 371.7-01	Germa	any	01/26/2000		<b>17</b> 0	<u></u>		
100 03 372.5	Germa	any	01/26/2000					
100 03 373.3	Germa	any	01/26/2000					
Additional faraign application	numbom	are listed on a	oupplemental priority	data abaat BTO/SS	U	d banda.		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						<del></del>		
60/181,575			Filing Date (MM/DD/YYYY) 02/10/2000		Additional provisional application numbers are listed on a supplemental priority data sheet			
60/181,605			02/10/2000					
•	•			PTO/SB/02B attached hereto.				
60/181,606	31,606   02/10/2000							

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

Direct all	correspondence to:	Customer Nor Bar Code		2370	3	OR	Correspondence a	ddress below
Name	Robert P. Raymond							
Address	Boehringer Ingelhein	Corporatio	n					
Address	900 Ridgebury Road	P. O. Box	368			·		
City	Ridgefield				State	СТ	06877-03 ZIP	68
Country	US		Telephon	203/79	8-9988		203/798- Fax	1408
are believ made are	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME	OF SOLE OR FIRST I	NVENTOR			A petit	ion has been fi	led for this unsi	gned inventor
	Given Name (first and middle [if any])  Family Name ELBERS or Surname							
Inventor's KAA M Date MAL 13.7 W							1137 m	
R sidence: City Gau-Algesheim State						Germany Citizenship Germ		
Mailing A	ddress Caprino-Veron	ese-Str. 4a						
Mailing A								
City Gau	-Algesheim	State			ZIP	55435	Country	Germany
NAME C	OF SECOND INVENT	DR:			A petit	tion has been fi	led for this uns	gned inventor
	Given Name Stefan Family Name PESCH (first and middle [if any]) or Surmame							
Inventor's Signature Date 16, 2, U/							te, 2. U1	
R sidence	e: City Muenster			State		Germany Country	Citizenship	Germany
Mailing A	ddress Lohausweg 36	a		-				
Mailing A	ddress			-				
City Mue	nster	State			ZIP	48145	Country	Germany
Additional inventors are being named on the 1_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								

Please	type	a	plus	sign	(+)	inside	this	box	<b>→</b>	+	J
--------	------	---	------	------	-----	--------	------	-----	----------	---	---

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number,

## **DECLARATION**

**ADDITIONAL INVENTOR(S)** Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if an	y:	A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])	Family Name or Surname						
Heike .		DREIER					
Inventor's Signature Weike Date					Date Chan't 2 2001		
Residence: City Coesfeld	State	C	ountry	Germany	<u> </u>	Date Chant 2 2001 Germany	
Kleine Viehstrasse 34 Mailing Address							
Mailing Address							
City Coesfeld	State		ZIP	48653	Countr	g Germany	
Nam of Additional Joint Inventor, if ar	ıy:		A petitio	n has been filed	for thi	s unsigned inventor	
Given Name (first and middle [if any]	)	Family Name or Surname					
Inventor's Signature						Date	
Residence: City	State		Country	<u> </u>		Citizenship	
Mailing Address							
Mailing Address			-				
	Charles		710		Cou		
City	State		ZIP		Соп	muy	
Name of Additional Joint Inventor, if a	ny:	A	petition	has been filed	for this	unsigned inventor	
Given Name (first and middle [if any])			Family Name or Sumame				
		<u> </u>	·				
Inventor's Signature						Date	
Residence: City State			Country			Citizenship	
Mailing Address							
Mailing Address							
City	State _		ZiP		C	ountry	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.